

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7976

State File No.

FILED MAR 21 1950

BIRTH NO.		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4092</u>		Registrar's No. <u>38</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u> c. LENGTH OF STAY (in this place) <u>1 day</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memoral Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Van Buren Twp. 0480</u> d. STREET ADDRESS (If rural, give location) <u>4 mi N. W. Lone Jack, Mo.</u>			
3. NAME OF DECEASED a. (First) <u>Jennie Elizabeth</u> b. (Middle) <u>Hammond</u> c. (Last) <u>Hammond</u> (Type or Print)				4. DATE OF DEATH <u>March 15, 1950</u> (Month) (Day) (Year)			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 28, 1879</u>	
9. AGE (In years last birthday) <u>70</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Jackson County Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Peter Dickhout</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>A. Delbert Hammond</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>A. Delbert Hammond</u> ADDRESS <u>Lone Jack, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Essential Hypertension</u> DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) <u>Essential Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>6 yrs</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION <u>L</u>		19b. MAJOR FINDINGS OF OPERATION		21. HOW DID INJURY OCCUR?			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>L</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>L</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>L</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>March 12, 1950</u> , to <u>March 15, 1950</u> , that I last saw the deceased alive on <u>March 15, 1950</u> , and that death occurred at <u>2:45 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Christ R. Miller M.D.</u>		23b. ADDRESS <u>Lee's Summit Mo</u>		23c. DATE SIGNED <u>3-15-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 17, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit</u>		24d. LOCATION (City, town, or county) (State) <u>Missouri</u>	
DATE REC'D BY LOCAL REG. <u>March 16, 1950</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>		FEDERAL DIRECTOR'S SIGNATURE <u>D. B. Hargraves</u> ADDRESS <u>Lee's Summit Mo</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0190

331x

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____

Student Embalmer

Licensed Embalmer No. 3833

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.